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#### SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR) PRIVACY ACT STATEMENT Public Law 99-474, the Counterfeit Access Device and Computer Fraud and Abuse Act of 1984, authorizes collection of this information. The information will be used to verify that you are an authorized user of a Government automated information system (AIS) and/or to verify your level of Government security clearance. Although disclosure of the information is voluntary, failure to provide the information may impede or prevent the processing of your "System Authorization Access Request (SAAR)". Disclosure of records or the information contained therein may be specifically disclosed outside the DoD according to the "Blanket Routine Uses" set forth at the beginning of the DISA compilation of systems of records, published annually in the Federal Register, and the disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act. TYPE OF REDUEST DATE INITIAL MODIFICATION DELETION PARTI (To be completed by User) 1. NAME (LAST, First, MI) 2. SO CIAL SECURITY NUMBER 3. ORGANIZATION 4. OFFICE SYMBOLID EPARTMENT 5. ACCOUNT CODE 6. JOB TITLEFUNCTION 7. GRADE/RANK 8. PHONE (DSM) 9. E-MAIL ADDRESS STATEMENT OF ACCOUNTABILITY I understand my obligation to protect my password. I assume the responsibility for data and system I am granted access to. I will not exceed my authorized USER SIGNATURE DATE PARTII (To be completed by User's Security Manager) 10. CLEARANCE LEVEL 11. TYPE OF INVESTIGATION 12. DATE OF INVESTIGATION 13. VERIFIED BY (Signature) 14. PHONE NUMBER 15. DATE PARTIII (To be completed by User's Supervisor) 16. ACCESS REQUIRED (Location) - i.e DMC or DMC's 17. ACCESS TO CLASSIFIED REQUIRED? 18. TYPE OF USER SECURITY ADMINISTRATOR APPLICATION DEVELOPER NO YES FUNCTIONAL SYSTEM OTHER (Specify) 19. JUSTIFICATION FOR ACCESS VERIFICATION OF NEED TO KNOW I certify that this user requires access as requested in the performance of his/her job function. 20. SIGNATURE OF SUPERVISOR 21. ORG (DEPT. 22. PHONE NUMBER 23. DATE 24. SIGNATURE OF FUNCTIONAL DATA OWNER/OPR 25. ORG./DEPT. 26. PHONE NUMBER 27. DATE PARTIV (To be completed by AIS Security Staff adding user) 28. USERIO (Mainframe) 29. USERID (Mid-Tier) 30. USERID (Network) 31. SIGNATURE 32. PHONE NUMBER 33. DATE

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DISA Form 41, JULY 2000 (EF)

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Form Approved OMB No. 0704-0188

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Form Approved OMB No. 0704-0188

Public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for rewaining instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden. to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Artington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503, Please DO NOT RETURN your form to either of these addresses. Send completed form to the Government Issuing

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